

# EXHIBIT

# D

614 435 0978

Nationwide

LIPSON, NEILSON, COLE

Fax: 248-593-5040

02:17:05 p.m.

Dec 14 2010 04:20pm P003/007



Nationwide Life Insurance Company  
 Nationwide Life and Annuity Insurance Company  
 Nationwide Life Insurance Company of America  
 Nationwide Life and Annuity Company of America  
 P.O. Box 162635, Columbus, OH 43216-2635  
 Hereinafter referred to as the Company  
 www.nationwide.com

**BENEFICIARY CLAIM FORM****Customer Contact Information**

Nationwide: 1-800-243-6295  
 TDD: 1-800-238-3035  
 Fax: 1-888-877-7393

**Section 1: General Information - Please print.**

Please accept our deepest sympathies for your loss. This form is designed to collect information needed to complete your claim.

**IMPORTANT:** Sections 1, 2, and 5 must be completed.

A certified Death Certificate bearing the seal of the appropriate local, state or federal agency issuing the certificate must accompany this completed form.

Each beneficiary must complete a separate claim form.

To expedite the processing of this claim, you can fax the completed claim form along with a copy of the certified death certificate to 1-888-877-7393.

**1a. Deceased Information.**

Existing Policy Number(s): L034 804 300  
 (required)

Deceased First Name: GARY

Deceased Last Name: LUPILOFF

Date of Death: JULY 13, 2010

**1b. Beneficiary Information. Must be completed.**

Beneficiary Name: Nicole Renee Lupiloff

Residential Address: c/o Albert Holtz 3910 Telegraph  
 (PO Box address is not accepted)

City/State/Zip Code: Bloomfield Hills MI 48302

Mailing Address: SAME AS ABOVE  
 (if different than residential)

City/State/Zip Code: \_\_\_\_\_

SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

The next Section, **Settlement Options**, provides three distribution options for your death benefit proceeds. For information about what other options are available to you, please call us at 1-800-243-6295 or TDD: 1-800-238-3035.

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**Section 2: Settlement Options - Please select one option.**

**Please Note:** Policy owners have the option to choose in advance how their beneficiaries will receive the money. If that is the case for you, we'll carry out the policy owner's instructions and provide complete details to you in writing.

☐ **Option 1 - Lump Sum Payment Option - Nationwide Bank Secure Money Market Account**

We will establish a Nationwide Bank Secure Money Market Account in the beneficiary's name and deposit all proceeds into the account. You will have immediate access to these proceeds by check and this account will earn interest.

**Benefits of the Nationwide Bank Secure Money Market Account:**

- An attractive variable tiered rate of interest.
- A safe account to hold funds separate from your everyday funds.
- FDIC insurance coverage, up to \$250,000 per depositor.
- Free personalized checks provided by Nationwide Bank.
- Dedicated Customer Care Specialists ready to help you when you call them at 1-877-422-6569.
- No monthly service fees.

The following fields **MUST** be completed for the Nationwide Bank Secure Money Market Account option:

ID#: \_\_\_\_\_ Issue State: \_\_\_\_\_ ☐ Driver's License ☐ Military ID ☐ State ID

**Please note:** For your protection, accounts are reviewed under US banking rules to confirm eligibility. Interest earned is reportable to the IRS. Please consult your tax advisor for additional information.

☒ **Option 2 - Lump Sum Payment Option - Single Check or Direct Deposit**

This option provides a single full payment. You can choose from receiving the death benefit proceeds either in the form of a check or have it transferred to your checking or savings account.

**Benefits of a Single Check:**

- One transaction access to your money.
- Flexibility to transfer directly into your checking or savings account.

**Important:** Please select either check or direct deposit from below.

- ☒ Check (a check will be mailed to you using the address entered on page 1, section 1b.).
- ☐ Direct Deposit (complete the information and follow the instructions below).

Financial Institution Name: \_\_\_\_\_

Financial Institution Phone Number: (\_\_\_\_) \_\_\_\_\_

You must attach a voided check if depositing into your checking account. If depositing into your savings account, a letter from your financial institution will be required. The deposit into your checking or savings account will normally occur four (4) business days after the date the claim transaction is processed. Please note deposit slips are not acceptable.

**Important:** If a voided check (or letter from your bank/financial institution) is not included, a check will automatically be mailed to the address you provided us. The checking/savings account holder must be the same as the beneficiary.

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**Section 3: Taxpayer ID Certification**

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

**Certification** – Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number, and
- (2) I am not subject to backup withholding because (a) I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (b) the Internal Revenue Service has notified me that I am no longer subject to backup withholding, or that I am exempt from backup withholding, and
- (3) I am a United States citizen (including a U.S. resident alien).

You must cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because of failure to report interest or dividends on your tax return.

**Section 4: State Fraud Statements**

**Alabama, Alaska, Arizona, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kentucky, Maryland, Massachusetts, Montana, Nebraska, New Hampshire, Mississippi, Ohio, Oklahoma, Oregon, Puerto Rico, Rhode Island, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin and Wyoming** Any person who submits an application or a claim containing a false or deceptive statement, and does so with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, may be guilty of insurance fraud.

**Arkansas** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado** Important Notice: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department or regulatory agencies.

**District of Columbia** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kansas, Nevada, North Carolina and North Dakota** Any person who submits an application or a claim containing a false or deceptive statement, and does so with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, may be guilty of insurance fraud.

**Louisiana** Caution: If your answers on this application are incorrect or untrue, Nationwide has the right to deny benefits or rescind your policy. Any person who knowingly presents false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Maine, Tennessee** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Missouri** Caution: If your answers on this application are incorrect or untrue, Nationwide has the right to deny benefits or rescind your policy. **Fraud Statement:** Any person who submits an application or a claim containing a false or deceptive statement, and does so with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, may be guilty of insurance fraud.

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**Section 4: State Fraud Statement, continued**

**New Jersey** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Pennsylvania** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Virginia** Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

**Washington** Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

**Section 5: Authorization - Signature Required**

If I selected the Nationwide Bank Secure Money Market Account Option, I understand and agree, by signing this form that Nationwide Bank will access and utilize consumer report information to open my account. I authorize my information to be shared with Nationwide Bank, for purposes of establishing my Secure Money Market Account. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for me: When I open an account, Nationwide Bank asks for my name, address, date of birth, and other information that will allow them to identify me. Nationwide Bank may ask to see my driver's license or other identifying documents.

I certify under penalties of perjury that all statements are true, correct and complete to the best of my knowledge and belief. I understand that the furnishing of this form by the Company does not constitute an admission that there is any insurance in force.

Nicole R. Lupton  
Signature of Beneficiary  
(Individual Beneficiary)

12/13/10  
Date

[REDACTED]  
Social Security Number

\_\_\_\_\_  
Signature of Legally Appointed Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor Beneficiary's Social Security Number

(Individual Beneficiary is a minor or mentally incompetent person) A certified copy of guardianship papers must be furnished.

Please contact our Customer Service Center at 1-800-243-6295 if you have any questions. If you have a Telecommunications Device for the Deaf (TDD), you may access our TDD services at 1-800-238-3035. Customer Service Representatives are available to assist you Monday through Friday from 8:00 a.m. to 8:00 p.m. EST.

To expedite the claim process, you may overnight the completed claim form along with any other required form(s) to the following address:

Nationwide Life Operations  
RR1 - 04 - 04  
5100 Rings Rd.  
Dublin, Ohio 43017

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LIPSON, NEILSON, COLE Fax: 248-593-5040

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STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH  
CERTIFICATE OF DEATHSTATE FILE NUMBER  
3328231

1. DECEASED'S NAME (Last, First, Middle, Last)		2. DATE OF BIRTH (Month, Day, Year)		3. SEX	4. DATE OF DEATH (Month, Day, Year)
Gary Raymond Lupilloff		[REDACTED]		Male	[REDACTED]
5. PLACE AT WHICH DECEASED WAS FOUND (PERSONAL BUSINESS, HOME, etc.)		6. AGE (Last Birthday)		7. YEARS	8. MONTHS
[REDACTED]		[REDACTED]		1	1
9. LOCATION OF DEATH (If not at home, indicate place of death - e.g., in a hospital or other institution. If not at home, give street and number and ZIP CODE)		10. CITY, VILLAGE OR TOWNSHIP OF DEATH		11. COUNTY OF DEATH	
William Beaumont Hospital		Royal Oak		Oakland	
12. US POSTAL RESIDENCE (State, City, and ZIP CODE)		13. SOCIAL SECURITY NUMBER		14. DECEASED'S EDUCATION - What is the highest degree or level of school completed by the decedent?	
Michigan Oakland 48073		[REDACTED]		Law Degree	
15. RACE - American Indian, Alaska Native, Asian, Pacific Islander, Black, White, Other		16. ETHNICITY - Mexican, Puerto Rican, Cuban, Vietnamese, etc. (Check all that apply)		17. US BIRTH ORIGIN (Yes or No)	
White		Russian		No	
18. US OCCUPATION (If not at home, indicate place of death - e.g., in a hospital or other institution. If not at home, give street and number and ZIP CODE)		19. KIND OF BUSINESS OR INDUSTRY		20. MARITAL STATUS - Married, Single, Divorced, Widowed	
Executive		Advertising		Divorced	
21. FATHER'S NAME (Last, First, Middle, Last)		22. MOTHER'S NAME BEFORE FIRST MARRIAGE (Last, First, Middle, Last)		23. NAME OF SURVIVING SPOUSE (If not present, leave blank)	
Albert Lupilloff		Marian Goldman		[REDACTED]	
24. DECEASED'S NAME (Last, First, Middle, Last)		25. RESIDENCE (Last, First, Middle, Last)		26. ADDRESS (Street, City, State, ZIP CODE)	
Marian Lupilloff		Mother		[REDACTED]	
27. METHOD OF DISPOSITION (Burial, Cremation, Donation, etc.)		28. PLACE OF DISPOSITION (Name of Cemetery, Church, etc.)		29. LOCATION - City or Village, State	
Burial		Clover Hill Park Cemetery		Birmingham, Michigan	
30. SIGNATURE OF MORTUARY AGENT (Name, Title, Address, City, State, ZIP CODE)		31. LICENSE NUMBER (Name, Title, Address, City, State, ZIP CODE)		32. NAME AND ADDRESS OF FUNERAL HOME (Name, Title, Address, City, State, ZIP CODE)	
[REDACTED]		5744		The J.A. Kaufman Chapel, Inc. 18325 W 9 Mile, Southfield, Michigan 48075	
33. CERTIFY (Name, Title, Address, City, State, ZIP CODE)		34. ACTUAL OR PRESUMED TIME OF DEATH		35. TIME PRONOUNCED DEAD	
[REDACTED]		Unknown		July 13, 2010 3:40 PM	
36. DATE SIGNED (Month, Day, Year)		37. SIGNATURE OF DECEASED (Name, Title, Address, City, State, ZIP CODE)		38. IF HOSPITAL, indicate location (Name, Title, Address, City, State, ZIP CODE)	
July 14, 2010		[REDACTED]		PDA	
39. REGISTRAR'S ADDRESS (Name, Title, Address, City, State, ZIP CODE)		40. MEDICAL EXAMINER'S CASE NUMBER		41. NAME OF ATTENDING PHYSICIAN (Name, Title, Address, City, State, ZIP CODE)	
Kanu Virani, M.D., 1200 North Telegraph Road, Pontiac, MI 48341-0438		57360		19-2665	
42. REGISTRAR'S SIGNATURE		43. DATE FILED (Month, Day, Year)		44. TIME OF DEATH (Month, Day, Year)	
Melanie Hales		JUL 19 2010		[REDACTED]	
45. CAUSE OF DEATH (Name, Title, Address, City, State, ZIP CODE)		46. MANNER OF DEATH (Name, Title, Address, City, State, ZIP CODE)		47. IF FEMALE	
Gunshot Wound of Back		Homicide		[REDACTED]	
48. DATE OF DEATH (Month, Day, Year)		49. TIME OF DEATH (Month, Day, Year)		50. IF FEMALE	
July 13, 2010		3:00 PM		[REDACTED]	
51. MANNER OF DEATH - Accidents, Suicide, Homicide, Natural, Undetermined or Pending Inquiry		52. WAS AN AUTOPSY PERFORMED? (Yes or No)		53. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)	
HOMICIDE		Yes		Yes	
54. DATE OF BIRTH (Month, Day, Year)		55. TIME OF BIRTH (Month, Day, Year)		56. DESCRIBE HOW DEATH OCCURRED	
July 13, 2010		3:00 PM		Shot by other person	
57. BIRTH AT WORK (Yes or No)		58. PLACE OF BIRTH - Address (Name, Title, Address, City, State, ZIP CODE)		59. IF TRANSFERRED (Name, Title, Address, City, State, ZIP CODE)	
No		Driveaway		[REDACTED]	

I, Melanie Hales, Clerk of the City of Royal Oak, Oakland County, Michigan, do hereby certify that the foregoing is a true copy of the record now remaining in my office.

304381

Melanie Hales

Melanie Hales  
City of Royal Oak, Michigan

This copy is not valid unless displaying embossed seal and registrar signature.

WARNING: It is illegal to duplicate this copy by Photocopy or Photograph. VALID ONLY WITH EMBOSSED SEAL.

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